



## ALLEGED SAFETY OR HEALTH HAZARDS

### FOR THE GENERAL PUBLIC:

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**This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the Department of Labor & Industries.**  
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**WAC 296-350-450 Complaints by employees or their representatives.** (1) Any employee or representative of employees who in good faith believes that a violation of any safety or health standard or an imminent danger exists in any workplace where such employee is employed may request an inspection of such workplace by giving notice of the alleged violation or danger to any office or officer of the division of industrial safety and health of the department. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employee or representative of employees. A copy shall be provided the employer or his agent by an officer of the division no later than at the time of inspection, if any, except that upon the request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available by the Department of Labor and Industries.

(2) If upon receipt of such notification it is determined that the complaint meets the requirements set forth in subsection (1) of this section, and that there are reasonable grounds to believe that the alleged violation or danger exists, an inspection shall be made as soon as practicable, to determine if such alleged violation or danger exists. Inspections under this section may extend beyond the matters referred to in the complaint.

NOTE: 'RCW 49.17.160, protects employees or representatives filing safety and/or health complaints, against discriminatory actions by an employer.'

### INSTRUCTIONS:

Complete items 2 through 18 as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed the form, return it to your local WISHA office.

#### Region 1

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729 100<sup>th</sup> St SE  
Everett WA 98208-3727

#### Region 2

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315 5<sup>th</sup> Ave S Ste 200  
Seattle WA 98104-2607

#### Region 3

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950 Broadway Ste 200  
Tacoma WA 98402-4405

#### Region 4

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PO Box 44851  
Olympia WA 98504-4851  
(360) 902-4851

Located at:  
7273 Linderson Way SW  
in Tumwater

#### Region 5

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15 W Yakima Ave Ste 100  
Yakima WA 98902-3480  
(509) 454-3700

#### Region 6

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901 N Monroe Ste 100  
Spokane WA 99201-2149  
509) 324-2591



## ALLEGED SAFETY OR HEALTH HAZARDS

MOD	Date	1. Complaint Number
2. Employer Name		
3. Site Location (Street, City, State, ZIP+4)		
4. Mailing Address (if different) (Street, City, State, ZIP+4)		
5. Management Official		6. Telephone Number
7. Type of Business		
8. Hazard Description. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard:		

9. Hazard Location. Specify the particular building or work site and the work shifts where the alleged violation exists:
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10. Has this condition been brought to the attention of: (Mark "X" in all that apply)											
<input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency (specify)											
11. Please indicate your desire:											
<input type="checkbox"/> Do not reveal my name to the Employer. <input type="checkbox"/> My name may be revealed to the Employer											
12. The Undersigned: (Mark "X" in one box)											
<input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Employer											
<input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify) _____											
believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard of the establishment named on this form.											
13. Complainant Name (type or print)						14. Telephone Number					
15. Address (Street, City, State, ZIP+4)											
16. Signature:						17. Date					
18. If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title.											
Organization Name:					Your Title:						
OFFICIAL USE ONLY											
19. Reporting ID			20. Previous Activity? <input type="checkbox"/> Yes <input type="checkbox"/> No				21. Optional Complaint Number				
			If yes, Enter Type: _____				Number: _____				
Identification		22. Establishment Name Change? <input type="checkbox"/>		23. Site Address Change? <input type="checkbox"/>		24. Account ID		25. City Code		26. County code	
Receipt Information		27. Received by: _____		28. Send WISHA-7? <input type="checkbox"/> Yes <input type="checkbox"/> No		29. Date		30. Time AM PM		31. Supervisor(s) assigned a. _____ b. _____	
Industry & Ownership		32. Primary SIC		33. Ownership (Mark "X" in one box)							
				a. <input type="checkbox"/> Private Sector         b. <input type="checkbox"/> Local Government         c. <input type="checkbox"/> State Government         d. <input type="checkbox"/> Federal Agency Code							
Complaint Evaluation		34. Evaluated by: _____				35. Subject and Severity					
		36. Is this a valid complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No									
		37. Formality <input type="checkbox"/> Formal <input type="checkbox"/> Non-formal									
		38. Migrant Farmworker Camp <input type="checkbox"/>									
Complaint Action		39. Send Letter:									
		a. <input type="checkbox"/> No Inspection – for invalid complaints <input type="checkbox"/> Too vague or unsubstantiated <input type="checkbox"/> Recent inspection or objective evidence (Date of inspection): _____ <input type="checkbox"/> Not in WISHA's jurisdiction									
		b. <input type="checkbox"/> No inspection – for Non-formal complaint <input type="checkbox"/> No imminent danger or no standard <input type="checkbox"/> No direct relation to S&H <input type="checkbox"/> Not enough information to evaluate									
		c. <input type="checkbox"/> WISHA-7 for Signature with Letter <input type="checkbox"/> Complete or <input type="checkbox"/> Partial									
		d. <input type="checkbox"/> Complaint Notification to Employer <input type="checkbox"/> Complainant Notified <input type="checkbox"/> Explanation of 11(c)									
		e. Complainant Notification with Letter d <input type="checkbox"/> Name Not Revealed <input type="checkbox"/> Explanation of 11(c)									
		f. <input type="checkbox"/> Acknowledgement to Complainant (Optional) g. <input type="checkbox"/> Other (specify) _____									
		40. Date Letter Sent: _____				41. Date Response Due (For letters c or d): _____					
		42. Inspection Planned? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, Priority: _____ If No, Reason: _____					
		43. Transfer to (Name): _____				44. Transfer Date: _____					
		45. Transfer to (Category):				c. <input type="checkbox"/> Other Federal Agency/Code					
		a. <input type="checkbox"/> Federal OSHA / Reporting ID _____				d. <input type="checkbox"/> State/Local Government					
		b. <input type="checkbox"/> State OSH / Reporting ID _____				e. <input type="checkbox"/> Other					
46. Optional Information											
Type	ID	Value		Type	ID	Value		47. Total Entries			
S	1										
Close Complaint		48. <input type="checkbox"/> Close Complaint									
49. Comments:											